



"NEED TO ADDRESS THE SILENT STRUGGLE OF STUDENTS WITH DYSPRAXIA IN INDIAN SCHOOLS AS WELL AS HIGHER EDUCATION SYSTEM" – A REVIEW

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ABSTRACT

Dyspraxia, also known as developmental coordination disorder (DCD), is a neurodevelopmental condition marked by difficulties with motor coordination that impact academic performance, everyday functioning, and psychosocial development. This review summarises recent research from India to examine the various obstacles that students with dyspraxia encounter throughout the Indian educational system, including low awareness among teachers, difficulties in getting an early and accurate diagnosis, inadequate teacher preparation, and a systemic lack of individualised academic accommodations. The review also assesses the current state of policy and institutional practices, highlighting the discrepancy between legal requirements and their actual implementation. Lastly, the review paper makes the case for a paradigm change in favour of tailored support systems that take neurodiversity into consideration, encourage inclusive teaching methods, and guarantee that dyspraxia pupils can thrive in school and higher educational institutions. Expanded empirical research, cross-sector cooperation, and changes to institutional policy and teacher education are all urged.

KEYWORDS: Dyspraxia, Developmental Coordination Disorder, India, inclusive education, higher education, disability policy, individualised support, neurodiversity

INTRODUCTION

Developmental Coordination Disorder (DCD), more commonly referred to as dyspraxia, is a neurodevelopmental condition characterized by marked impairment in the development of motor coordination and the execution of coordinated movements, which significantly interferes with daily activities and academic performance (American Psychiatric Association, 2013). Despite its inclusion in the DSM-5 as a recognized disorder, dyspraxia remains one of the most underdiagnosed and neglected learning disorders in India, often overshadowed by more widely recognized conditions such as dyslexia, ADHD, and autism spectrum disorder.

Children with dyspraxia, also known as Developmental Coordination Disorder (DCD), typically experience significant difficulties with both fine and gross motor skills, which affect their ability to perform everyday tasks such as handwriting, dressing, tying shoelaces, using cutlery, and participating in sports (Zwicker et al., 2012; Prunty et al., 2016). These motor impairments frequently co-occur with deficits in executive functioning, attention, working memory, and speech-language development, contributing to broader academic and social challenges (Leonard et al., 2015; Hill, 2020). Importantly, these difficulties are not attributable to intellectual disability or neurological conditions but reflect a developmental lag in motor planning and coordination (American Psychiatric Association, 2013).

Globally, the prevalence of dyspraxia is estimated at approximately 5–6% among school-aged children (APA, 2013; Lingam et al., 2009). However, in the Indian context,

epidemiological data on dyspraxia are scarce, underreported, and fragmented, with the condition often subsumed under vague labels such as “clumsiness” or “lack of attention.” This lack of data is primarily due to low awareness among teachers, pediatricians, and parents, combined with the absence of standardized screening tools adapted for India’s multilingual and socio-culturally diverse population (Sarkar et al., 2022; Joshi & Srivastava, 2021).

A study by Ramesh et al. (2020) found that even in urban schools with better educational infrastructure, less than 10% of teachers were familiar with the term “dyspraxia,” and most were unable to distinguish it from ADHD or general motor delay. Moreover, health professionals often lack formal training in recognizing motor coordination disorders, leading to delayed diagnosis and inadequate referrals for occupational or physiotherapy interventions (Sheth & Mehta, 2019). This diagnostic oversight, results in children struggling silently within mainstream classrooms, often mislabelled as lazy, unmotivated, or poorly behaved, exacerbating their academic underperformance and emotional distress (Missiuna et al., 2014).

The need for increased recognition is further underscored by recent international research emphasizing the cumulative academic and psychosocial impact of untreated dyspraxia. Children with DCD are more likely to experience bullying, anxiety, and social withdrawal, and may internalize feelings of failure from a young age (Camden et al., 2020). These consequences are magnified in competitive, exam-oriented educational systems such as India’s, where motor skills are crucial for success in early schooling years.

The lack of culturally adapted diagnostic tools and the limited training of healthcare and education professionals contribute to the invisibility of dyspraxia in Indian classrooms (Sarkar et al., 2022). In most cases, children with dyspraxia are misclassified as clumsy, lazy, or poorly disciplined, leading to misdiagnosis, under-referral, and inadequate intervention. Studies indicate that these children frequently suffer from low self-esteem, anxiety, and social exclusion, especially when their difficulties go unrecognized and unsupported in school environments (Prunty et al., 2016).

Despite a growing policy focus on inclusive education in India, Special Education Needs (SEN) frameworks rarely acknowledge dyspraxia explicitly, and the condition continues to be overshadowed by more widely recognized disorders such as autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), and dyslexia. The Right to Education (RTE) Act, 2009 and the Rights of Persons with Disabilities (RPWD) Act, 2016 do provide a legal foundation for inclusive education and mention specific learning disabilities (SLDs) as a category, yet dyspraxia remains absent from most national and state-level diagnostic, curricular, and teacher training documents (Ministry of Law and Justice, 2016; Singal, 2016). This oversight results in limited recognition of motor coordination difficulties as legitimate learning barriers.

Compounding the issue is the lack of structured training on developmental coordination disorder (DCD) or dyspraxia in most pre-service and in-service teacher education programs. A recent survey by Joshi and Srivastava (2021) found that over 80% of Indian schoolteachers had never received any formal training or information about dyspraxia, and many were unaware of its existence as a distinct condition. Without targeted professional development, teachers are often ill-equipped to differentiate between dyspraxia and behavioral or attention disorders, leading to under-referral and inappropriate pedagogical strategies (Kumar & Sinha, 2022; Thomas et al., 2020).

The National Council for Teacher Education (NCTE), which governs teacher education curricula in India, provides guidelines for inclusive education, but these remain largely theoretical and focus primarily on disabilities like visual, hearing, and intellectual impairments (NCTE, 2014). The nuances of neuromotor impairments, such as those seen in dyspraxia, are seldom addressed, creating a critical gap in early identification and classroom management. This is particularly problematic in India's exam-centric schooling system, where children with motor planning issues face compounded academic stress without tailored support or accommodations (Venkatesan & Divya, 2017).

Furthermore, most school-based Individualized Education Plans (IEPs), where they exist, fail to incorporate occupational therapy inputs or motor skill development goals for children with suspected dyspraxia. In contrast to countries like the UK or Australia—where dyspraxia is routinely addressed in SEN policies and children have access to multidisciplinary school-based services India lacks a cohesive policy or service delivery

model that integrates occupational therapists, special educators, and mainstream teachers in supporting children with DCD (Cameron et al., 2012; Blank et al., 2019).

The systemic neglect of dyspraxia in policy, pedagogy, and practice highlights the urgent need for capacity building, curriculum reform, and greater interdisciplinary collaboration. National and state educational authorities must ensure that future iterations of teacher training syllabi and school-based SEN frameworks explicitly include motor-based learning disorders like dyspraxia, backed by culturally contextual screening tools and intervention resources.

Recent global research has underscored the critical importance of early identification, diagnosis, and intervention in managing Developmental Coordination Disorder (DCD) or dyspraxia, to reduce its adverse academic, behavioral, and psychosocial outcomes. Studies have demonstrated that early occupational therapy-based interventions, particularly those targeting motor skill acquisition, functional independence, and executive function training, significantly improve both educational performance and emotional well-being in affected children (Smits-Engelsman & Blank, 2020; Schulz et al., 2021). Children with dyspraxia are at elevated risk for secondary difficulties, including anxiety, social isolation, academic underachievement, and poor self-concept, especially when their challenges are misunderstood or left unaddressed during formative schooling years (Wilson et al., 2013; Leonard et al., 2015).

Global best practices recommend multidisciplinary approaches that integrate pediatricians, psychologists, occupational therapists, speech-language pathologists, and special educators for comprehensive assessment and intervention. In countries like the UK, Canada, and Australia, dyspraxia is well-integrated into national health and education systems, with early screening embedded in school entry health checks, and evidence-based interventions available through coordinated school-based or community programs (Zwicker et al., 2012; Cairney et al., 2010).

However, the situation in India presents a stark contrast. Access to multidisciplinary diagnostic and therapeutic services for dyspraxia remains highly centralized in major urban hospitals and private rehabilitation centers, leaving vast rural and semi-urban populations underserved. A recent review by Sheth & Mehta (2019) noted that nearly 80% of children attending government schools in tier 2 and 3 towns lacked any access to occupational therapy or child development services. Moreover, due to the absence of national guidelines or screening mandates for DCD, early signs often go unnoticed by parents and teachers alike, leading to delayed referrals, school failure, and increased dropout rates (Rao et al., 2020).

Additionally, India's public healthcare system lacks pediatric occupational therapists in primary care settings, and even in urban centers, long wait times and out-of-pocket costs limit the availability of timely interventions for children from low-income families (Basu et al., 2018). This inequity is exacerbated by low public and professional awareness, insufficient funding

for child neurodevelopmental services, and a lack of culturally appropriate diagnostic tools tailored to India's diverse linguistic and socioeconomic context (Sarkar et al., 2022; Venkatesan & Divya, 2017).

Notably, India's National Health Mission and Rashtriya Bal Swasthya Karyakram (RBSK) programs aim to screen school-aged children for developmental issues, but dyspraxia is not explicitly listed or systematically included in screening checklists (Ministry of Health and Family Welfare, 2017). As a result, many children with DCD are either misdiagnosed with behavioral issues or excluded from inclusive education benefits due to lack of formal recognition. In contrast, research from other developing countries (e.g., South Africa and Brazil) has shown that community-based screening programs and teacher training can significantly improve early identification rates for motor difficulties (Naidoo et al., 2020; Valentini et al., 2017).

The role of occupational therapists and special educators in managing dyspraxia is invaluable, but the shortage of trained professionals in India remains a significant barrier (Joshi & Srivastava, 2021). Addressing these gaps through policy reform, public awareness, and educational curriculum updates will be essential for improving outcomes for children with dyspraxia in India.

Without focused policy attention, intersectoral collaboration, and investment in community-based pediatric rehabilitation, dyspraxia will continue to be a silent academic barrier for millions of Indian children, particularly those in marginalized settings. Given these gaps, there is an urgent need to raise awareness, conduct epidemiological studies, and build inclusive educational practices that accommodate children with dyspraxia. This study aims to shed light on the prevalence, challenges in identification, and the current level of awareness regarding dyspraxia among educators and parents in India. Through qualitative and quantitative analyses, it seeks to advocate for policy-level inclusion and early intervention strategies to support this often-overlooked population.

LITERATURE REVIEW:

Dyspraxia – Scenario in Indian Schools

In the school-educational setting, students' psychosocial adjustment is impacted by a vicious cycle of unpleasant experiences and emotions that are typically accompanied by social dissatisfaction, loneliness, depressive symptoms, and a lack of social engagement. Peer acceptance of students with learning disabilities is lower, which is closely linked to their levels of self-awareness and self-esteem as well as to any feelings of loneliness, social dissatisfaction, or depression they may be experiencing. Accordingly, each of these factors influences their capacity for behaviour and, in turn, their level of social acceptance (Alevizou & Papadatos, 2016; Cavioni et al., 2017). However, it has been asserted time and time again that students with learning disabilities lack social skills that hinder their ability to fully integrate into the school setting. As a result, they frequently experience rejection or social neglect, which heightens their feelings of social discontent and loneliness.

Low academic motivation, a diminished sense of fulfilment from cognitive work, unfavourable attitudes towards reading, low self-efficacy, and a lack of interest in continuing work are all linked to repeated failure (Alevizou & Papadatos, 2016). Integration classes, which isolate children from the general community, undoubtedly have an impact on their psychological adjustment and peer acceptance because they are characterised as having "learning difficulties."

Compared to their peers who are regularly developing, children with learning disorders typically have fewer friends (Lafferty et al., 2013). Self-regulation issues may be the cause of this, which could lead to challenges with social perception and interaction. According to research, compared to children who are typically developing, children with learning disabilities form friendships that are less stable, last shorter (Lafferty et al., 2013), and have less returned friendships. In summary, numerous studies on the quality of friendships among young people with learning disabilities reveal that these relationships are less supportive of self-concept, less affectionate, less contact, less confirmation, less loyal, and more hostile than those of children without LD. (Shany, Assido, & Wiener, 2012)

Speaking, reading, writing, and maths are all challenging for kids with specific learning disabilities (SLD) (Bonti et al., 2020; Kakia et al., 2016; Stanford et al., 2019). Developmental, neurological, sensory, or motor abnormalities, mental illnesses, or inadequate schooling at the appropriate age are not linked to these challenges.

Neurological or genetic causes underlie learning difficulties (Sofologi, 2014; Xia et al., 2017; Reddy et al., 2019), and they frequently co-occur with other problems that impact behaviour, language, and attention (Cortiella et al., 2014). Research shows that general working memory, which encompasses the phonological loop, the visuospatial sketchpad, and the central executive (attentional control) system, is impaired in learning disorders. However, according to Reddy et al. (2019), the children who struggle with learning are intelligent, either average or above normal.

Teachers must be well-versed in teaching and coping strategies for students with specific learning disabilities (Thomas et al., 2019). In order to teach students how to overcome their limitations and achieve academic success, teachers should adapt to self-regulation approaches (Reid et al., 2013) and intervention strategies (Fletcher et al., 2018). Another strategy to help teachers modify their teaching strategies to meet the requirements of various students is "Response to Intervention," which can also help monitor students who have learning disabilities (Vaughn & Fletcher, 2012).

Schools reflect the larger society around them they're not separate from the challenges and influences of the outside world. In many ways, what happens in society finds its way into the classroom, making schools a valuable lens through which we can understand the well-being and daily experiences of children with Specific Learning Disabilities. This is why nurturing emotional well-being in schools is so important. When children

feel secure, understood, and emotionally balanced, they're far more likely to thrive and learn effectively. Happiness isn't just a bonus in education it's essential.

Teachers' communities are essential in helping students grow not only in their academic knowledge but also in their ability to form positive social bonds as a result of their social growth. It is critical to acknowledge that a child's growth is greatly influenced by the relationship that is formed between the instructor and the student during the school years (Efstratopoulou & Sofologi, 2020). The child's academic performance, emotional growth, and social and behavioural relationships with others are all impacted by this important relationship. Particularly for kids with developmental disorders and specific learning disabilities, a good relationship with the teacher can counteract bad school experiences and developmental risks associated with the family.

Schools might therefore modify specific teaching techniques, such group projects and hands-on exercises, to accommodate the demands of the unlucky pupils. Teachers are essential in helping children feel comfortable and supported, which fosters social-emotional learning. Teachers must act as mentors and help close the gap between students with specific learning disabilities from diverse backgrounds. By creating integrated preventive strategies that incorporate the family and school framework, we can help children become emotionally balanced by providing them with opportunities for enriching activities that will help them develop the social-emotional competence skills necessary to interact with others in a positive way and to develop empathy and altruistic behaviours. (Sofologi, 2020)

Knowing how strongly self-esteem influences a student's growth boosting confidence when it's high and holding them back when it's low one of the teacher's most important roles is to help build it up. Teachers can do this by regularly offering encouragement, celebrating even small achievements, and creating chances for students to take on meaningful responsibilities. Letting students participate in activities outside the traditional academic setting, where they're more likely to succeed can help break patterns of discouragement. Most importantly, students need to feel valued and seen. A supportive, non-judgmental classroom where criticism is gentle and constructive can make all the difference.

It would be truly meaningful for every school to assign teacher mentors to students with Specific Learning Disabilities someone who isn't just a teacher, but a steady source of support, guidance, and encouragement. These mentors would take the time to listen, understand, and stand by the student through their ups and downs. By building a trusting relationship and nurturing the child's confidence and sense of self-worth, such mentors can play a vital role in supporting the student's emotional and psychological well-being, helping them feel capable, valued, and ready to succeed.

It's essential for teachers to set goals that students can realistically achieve and to keep their expectations in line with each child's actual abilities. When both teachers and parents understand what a student is truly capable of and set goals accordingly, it sends a powerful message - we see you, we

believe in your effort, and we value your progress. This kind of support boosts motivation and helps students take pride in what they accomplish. It also eases the pressure many children feel at school, making learning a more positive and less stressful experience. On the flip side, when expectations are either too high or too low detached from the child's real potential it can leave them feeling overwhelmed, discouraged, or undervalued. This mismatch can negatively impact not just their academic performance, but also their emotional well-being and behaviour.

Dyspraxia – least understood and concerned in Indian Higher Education:

Research on dyspraxia, or Developmental Coordination Disorder (DCD), within India's higher education landscape remains very limited. The challenges become more pronounced in higher education, where academic expectations are high, and support mechanisms for students with disabilities are inconsistent. Kuriakose and Amaresha (2024), in a scoping review of support systems for students with learning disabilities in Indian universities, highlighted that few institutions have frameworks specifically addressing DCD. While policies under the RPWD Act mandate inclusive education and reasonable accommodations, implementation at the university level is often superficial or lacking altogether (Rajendran & Subramanian, 2019). Most institutions either lump DCD under broader categories of learning disabilities without specific interventions or entirely overlook it due to low prevalence reporting.

After the Rights of Persons with Disabilities (RPWD) Act was passed in 2016, India made considerable strides towards implementing inclusive education policy. Higher education institutions must provide reasonable accommodations, support services, and inclusive infrastructure in accordance with this law, which formally recognises Specific Learning Disabilities (SLDs), including dyspraxia (Government of India, 2016). Numerous studies, however, indicate that different institutions continue to implement policies differently. According to Rajan et al. (2023), for example, despite the fact that many colleges say they have inclusive policies, few of them have employees who are qualified to identify or assist students with less obvious disabilities like DCD. Affected pupils find it challenging to get assistance catered to their individual needs when there is a lack of academic support personnel or qualified special educators.

Another significant obstacle in India is the diagnostic process. Particularly in rural and semi-urban regions, access to developmental paediatricians, occupational therapists, and neuropsychological evaluations is frequently restricted (Jain et al., 2021). High fees and lengthy wait times discourage families and students from seeking assistance, even in cases when services are offered. Students who lack a formal diagnosis find it difficult to obtain institutional adjustments, which increases their risk of academic failure and dropout.

Furthermore, classmates and teachers frequently misunderstand the academic difficulties faced by students with DCD. Students may unjustly be accused of being irresponsible or inattentive if they struggle with note-taking, handwriting, time management, and motor-based lab tasks (Tal Saban et al., 2013). These pupils

are at a clear disadvantage if appropriate accommodations are not provided, such as access to assistive technology, longer exam times, or different assessment formats. According to Kuriakose and Amaresha's review from 2024, students with DCD who do not receive tailored help are more likely to drop out, do worse academically, and be less employable, which results in long-term differences in their social and professional outcomes.

The educational experience of individuals with dyspraxia is significantly influenced by social exclusion and stigma. Neurodivergent students frequently hesitate to reveal their diagnosis out of fear of being stigmatised or assessed in the competitive and high-pressure setting of Indian colleges, where academic accomplishment is highly valued (Patra & Kumar, 2019). This hesitation makes it even harder for them to get the little assistance that might be offered. Their difficulties are exacerbated by peer miscommunication and an unwelcoming classroom environment, which results in loneliness and negative mental health consequences.

Empirical evidence on dyspraxia in Indian higher education is also conspicuously lacking. In India, the majority of the literature on learning impairments concentrates on conditions like dyslexia and ADHD or school-level therapies; DCD receives relatively little attention (Sahu et al., 2020). Without solid statistics on prevalence, impact, and student experiences, policy solutions remain reactive rather than proactive, which is a significant consequence of this research gap. Large-scale, institutionally funded research is desperately needed to better understand the lived reality of college students with dyspraxia in India, according to Rajan et al. (2023). According to Narayanan and Joseph (2020), the majority of teachers lack the necessary training to identify and meet the learning needs of students with neurodevelopmental disorders like DCD.

A number of academics have advocated for a comprehensive strategy to enhance inclusion for students with DCD in Indian higher education in light of these difficulties. The implementation of individualised education plans (IEPs), the development of diagnostic infrastructure, raising awareness through institutional training (Kuriakose & Amaresha, 2024), and making sure that university policies are not only in compliance with legal requirements but also empathetically designed to support diverse learners (Sharma & Arora, 2022; Rajendran & Subramanian, 2019) are all examples of this.

Higher education should be built on the principles of fairness and equity, ensuring that every student has an equal chance to succeed. While efforts to promote social justice have often focused on gender and racial inclusion, it's equally important that students with specific learning disabilities such as difficulties with reading, writing, speaking, listening, reasoning, or mathematics receive the same level of support and understanding. Colleges and universities must take proactive steps to provide reasonable and personalized accommodations that truly level the playing field. Doing so is not just the right thing to do it's also a legal obligation in many parts of the world.

Meeting the needs of students with specific learning difficulties requires more than a one-size-fits-all solution it calls for an individualised, student-centred approach that takes into account the diverse challenges these learners face. Such an approach is vital to ensure they are truly supported throughout their academic journey. However, this level of personalised support can be complex and demanding for higher education institutions to deliver, especially when resources and systems are not fully equipped to respond to varying needs.

This complexity often leads to gaps in support, and sadly, many students with specific learning difficulties end up falling through the cracks. Without the right adjustments in place ones that are thoughtfully tailored to their unique strengths and struggles these students are at a significantly higher risk of disengaging from their studies and leaving their courses before completion. For those who do persist and graduate, the journey is often more difficult, and the outcomes tend to reflect these added barriers. They may achieve lower degree classifications and face limited opportunities in the job market, not because they lack ability or ambition, but because the system was not designed with their needs in mind.

This situation is not just a matter of academic underperformance it represents a broader issue of injustice. When students with specific learning difficulties are not given equitable support, it results in an uneven playing field that perpetuates disadvantage. Such disparities are troubling, as they reflect deeper systemic issues that hinder true educational inclusion and prevent many capable students from reaching their full potential. Addressing these inequities is not just a logistical challenge it's a moral imperative.

Students with Developmental Coordination Disorder (DCD) often face significant challenges in higher education not just because of their condition, but because the systems meant to support them are falling short. One of the biggest hurdles is the lack of research and awareness around DCD, which means their needs are frequently misunderstood or overlooked. Getting a diagnosis can be a long and frustrating process, filled with red tape and confusion, making it even harder for students to access the support they deserve. Difficult diagnostic pathways further compound the issue. In India, access to diagnostic services is very expensive and centralised, especially for urban families, according to Jain et al. (2021). Due to this diagnostic inaccessibility, many individuals enrol in college without having their condition officially recognised, which makes it challenging for them to request or receive academic accommodations.

On top of that, many educators and professionals simply aren't familiar with DCD, and the general public often has little understanding of what it means to live with the condition. This lack of awareness can lead to students feeling isolated, dismissed, or unfairly judged for challenges that are outside their control. Without clear pathways to support and informed, empathetic guidance, these students are left to navigate an already demanding academic environment on their own. This situation highlights the urgent need for more inclusive practices,

better training for staff, and a greater societal understanding of neurodiversity in all its forms.

RECOMMENDATIONS AND CONCLUSION

With these persistent and systemic gaps, there is an urgent and deeply human need to raise awareness about dyspraxia, especially in the Indian context where affected children often go unnoticed, misdiagnosed, or misunderstood. Many of these children struggle daily not only with tasks like buttoning a shirt or holding a pencil but also with the emotional toll of feeling “clumsy,” isolated, or incapable in environments that neither recognize nor accommodate their challenges. Their difficulties are often dismissed as laziness or lack of discipline, leading to frustration for both the child and caregivers, and contributing to low self-esteem, academic underachievement, and social withdrawal.

To begin addressing these issues meaningfully, India must prioritize epidemiological research to determine the actual prevalence and patterns of dyspraxia, particularly across socio-economic and regional divides. Understanding the scope of the problem is a foundational step toward building inclusive systems. Moreover, there is a critical need to foster awareness among educators, pediatricians, and parents, so they can recognize the early signs of dyspraxia and respond with empathy and evidence-based interventions, rather than blame or neglect.

This study seeks to amplify the voices of children with dyspraxia, their families, and their educators, and to shed light on the challenges they face in identification, diagnosis, and day-to-day school life. Even in Indian higher education, dyspraxia students continue to be a marginalised and underprivileged population. Legislative frameworks notwithstanding, exclusion and educational inequality are sustained by a lack of knowledge, diagnosis, institutional preparedness, and empirical research. In addition to adhering to regulations, creating truly inclusive colleges will necessitate a fundamental change in the way neurodiversity is viewed, encouraged, and appreciated in academic settings.

By combining both quantitative data and qualitative insights, the research review aims to map the current level of awareness about dyspraxia in Indian educational settings, explore barriers to timely identification, and assess the availability of support services. Ultimately, the study aspires to influence policy, teacher training, and community-level advocacy, paving the way for early intervention, inclusive classroom practices, and a more compassionate response to one of the most under-recognized learning difficulties in India.

A comprehensive and systemic approach is necessary to successfully address the gaps related to dyspraxia (Developmental Coordination Disorder) in the Indian higher education system. First and foremost, there needs to be a major increase in knowledge and comprehension of dyspraxia at all academic levels. This entails incorporating thorough instruction on neurodevelopmental disorders into workshops for professional development and teacher education programs

to guarantee that administrative and faculty personnel are prepared to identify the various needs of dyspraxia students. Concurrently, institutional policies need to change to require universities to establish specialised disability support units manned by qualified experts who can offer customised learning plans, assistive technology, and reasonable accommodations like extra time, alternate testing, and help taking notes. Policymakers, healthcare professionals, and educational institutions must work together to expedite referral processes and provide prompt assistance. It is crucial to actively incorporate the perspectives of dyspraxia students in the creation of inclusive frameworks, acknowledging that their lived experiences play a crucial role in forming successful practice and policy. Data-driven improvements in higher education in India require thorough study on the prevalence, experiences, and academic performance of dyspraxic students. Not only is closing these disparities important for educational equity, but it is also morally and legally required to protect all students' rights under the 2016 Rights of Persons with Disabilities Act.

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